

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street)

701 Pennsylvania Avenue, NW

Suite 750

☐ Check if different than previously reported. (ACC)

Washington

DC

20004-2608

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00039578

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ken A. Crerar

Signature of Treasurer

Ken A. Crerar

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
12 / 01 / 2011 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2011		345348.11
(b) Cash on Hand at Beginning of Reporting Period.....	427187.99	
(c) Total Receipts (from Line 19)	5120.46	533129.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	432308.45	878477.52
7. Total Disbursements (from Line 31)	34202.82	480371.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	398105.63	398105.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
12 / 01 / 2011

To:

M M / D D / Y Y Y Y Y
12 / 31 / 2011

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3922.80

443544.36

(ii) Unitemized

1197.66

81085.05

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5120.46

524629.41

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

8500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

5120.46

533129.41

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

5120.46

533129.41

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

5120.46

533129.41

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	3909.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	3909.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34000.00	451900.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	202.82	24562.59
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	34202.82	480371.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34202.82	480371.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5120.46	533129.41
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5120.46	533129.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	3909.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	3909.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mrs. Leslie Pearce

Mailing Address 1725 Swan Loop E

City
Upland

State
CA

Zip Code
91784-8029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bolton & Company Insurance Brokers (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2011

Transaction ID : 34067024

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard T Bohling

Mailing Address 622 Tarrytown Court

City

Walnut Creek

State

CA

Zip Code

94598-4022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woodruff-Sawyer & Company (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2011

Transaction ID : 34178269

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael J Gill

Mailing Address 4244 W. 113th Terr.

City

Leawood

State

KS

Zip Code

66211

FEC ID number of contributing
federal political committee.

C

Name of Employer

CBIZ Benefits & Insurance Services Gro

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 34178270

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Kurt Carlson

Mailing Address PO Box 1094

City State Zip Code
Tacoma WA 98402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Propel Insurance

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2011

Transaction ID : 34198677

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. Walter R Fawcett III

Mailing Address 310 Macalpin Ct

City State Zip Code
Barrinton IL 60010-6426

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.74

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 34198678

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Mr. Mitchell C Andrews

Mailing Address 28 Hidden Brook Dr

City State Zip Code
North Barrington IL 60010-6914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plexus Groupe LLC (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.74

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 34198679

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

1166.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. William H Lacey

Mailing Address 5321 Pebblebrook Dr

City
Dallas

State
TX

Zip Code
75229-5506

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plexus Groupe LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.74

Date of Receipt

12 / 09 / 2011

Transaction ID : 34198680

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mrs. Christina L Robbins

Mailing Address 1016 Arbor Court

City

Mount Prospect

State

IL

Zip Code

60056-4477

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 09 / 2011

Transaction ID : 34198681

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey E Brogan

Mailing Address 5823 Sand Shell Court

City

Dallas

State

TX

Zip Code

75252-2346

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plexus Groupe LLC

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

12 / 09 / 2011

Transaction ID : 34198682

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

143.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Kerry R Martin

Mailing Address 1792 Clendenin Lane

City

Riverwoods

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 34198683

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mr. Glenn D Morrison

Mailing Address 1015 Gaslight Drive

City

Algonquin

State

IL

Zip Code

60102-3213

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 34198687

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Mr. Geoff Isaac

Mailing Address 2715 Crabtree Lane

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plexus Groupe LLC (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 09 / 2011

Transaction ID : 34198689

Amount of Each Receipt this Period

26.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Michael R Mann

Mailing Address 364 Prospect Avenue

City

Glen Ellyn

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Plexus Groupe LLC (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

12 / 09 / 2011

Transaction ID : 34198690

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Peter J Comfort

Mailing Address 1005 Crestwood Ln

City

Fircrest

State

WA

Zip Code

98466

FEC ID number of contributing
federal political committee.

C

Name of Employer

Propel Insurance

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 28 / 2011

Transaction ID : 34198691

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Michelle Foster Earle

Mailing Address 10900 NE 4th St Ste 1100

City

Bellevue

State

WA

Zip Code

98004-5886

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Specialty Underwriters, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.24

Date of Receipt

12 / 21 / 2011

Transaction ID : 34198703

Amount of Each Receipt this Period

27.78

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

327.78

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Paul Catania

Mailing Address 5758 Williamsburg Cir

City State Zip Code
Hudson OH 44236-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : 34215751

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. Ms. Cynthia J Bowman

Mailing Address 1360 E 9th St
Suite 600

City State Zip Code
Cleveland OH 44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : 34215753

Amount of Each Receipt this Period

220.00

Full Name (Last, First, Middle Initial)

C. Mr. Joseph DuBois

Mailing Address 10485 Penniman Drive

City State Zip Code
Chardon OH 44024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : 34215755

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

340.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Dane O Leavitt

Mailing Address 242 S 200 W

City

Cedar City

State

UT

Zip Code

84720-3375

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 34264615

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Eric L Krieg

Mailing Address 31724 Leeward Ct

City

Avon Lake

State

OH

Zip Code

44012-2923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.96

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : 34264616

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Mr. Bryan M Williams

Mailing Address 1360 E 9th St
Suite 600

City

Cleveland

State

OH

Zip Code

44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : 34264617

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

121.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Rodney B Leavitt

Mailing Address 1970 Terra Vista Way

City State Zip Code
Las Vegas NV 89117-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group (HQ), The

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 15 2011

Transaction ID : 34264618

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Daniel Bowers

Mailing Address 2720 Black Diamond Ter

City State Zip Code
Colorado Springs CO 80918-1570

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIA-Leavitt Insurance Agency, Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 15 2011

Transaction ID : 34264619

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel Bowers

Mailing Address 2720 Black Diamond Ter

City State Zip Code
Colorado Springs CO 80918-1570

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIA-Leavitt Insurance Agency, Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 30 2011

Transaction ID : 34264620

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Alma Franzoy-Capron

Mailing Address HC 31 Box 200

City
Hatch

State
NM

Zip Code
87937-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leavitt Group Southwest, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 34264622

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Curtis Perata

Mailing Address 2748 Seminole Circle

City
Fairfield

State
CA

Zip Code
94534

FEC ID number of contributing
federal political committee.

C

Name of Employer

James C. Jenkins Insurance Service, In

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 34264632

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Mr. John Connell

Mailing Address P.O. Box 663

City
Diablo

State
CA

Zip Code
94528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jenkins Insurance Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 34264633

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. John Connell

Mailing Address P.O. Box 663

City State Zip Code
Diablo CA 94528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jenkins Insurance Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 30 2011

Transaction ID : 34264634

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Mr. David Orloff

Mailing Address 46441 Shaker Blvd

City State Zip Code
Beachwood OH 44122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 16 2011

Transaction ID : 34264636

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Ms. Melissa K Robinson

Mailing Address 4024 West 157th Street

City State Zip Code
Cleveland OH 44135-1232

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 16 2011

Transaction ID : 34264641

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)..... ►

94.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 29
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Don G Archibald

Mailing Address 1171 South 5th West

City Rexburg State ID Zip Code 83440

FEC ID number of contributing federal political committee.

C

Name of Employer

Archibald Insurance Center (Leavitt)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

12 / 15 / 2011

Transaction ID : 34264644

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Don G Archibald

Mailing Address 1171 South 5th West

City Rexburg State ID Zip Code 83440

FEC ID number of contributing federal political committee.

C

Name of Employer

Archibald Insurance Center (Leavitt)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

12 / 30 / 2011

Transaction ID : 34264645

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Valine

Mailing Address 3568 Creekwood Dr

City Rocklin State CA Zip Code 95677

FEC ID number of contributing federal political committee.

C

Name of Employer

Jenkins Insurance Group

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

12 / 15 / 2011

Transaction ID : 34264658

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Nathan Esplin

Mailing Address 2131 West 546 South

City State Zip Code
 Cedar City UT 84720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 15 2011

Transaction ID : 34264680

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Mr. Nathan Esplin

Mailing Address 2131 West 546 South

City State Zip Code
 Cedar City UT 84720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 30 2011

Transaction ID : 34264681

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark Kenney

Mailing Address 306 South 800 West

City State Zip Code
 Cedar City UT 84720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 15 2011

Transaction ID : 34264692

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 29
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. William C McCarthy

Mailing Address 7347 LaScala Drive

City State Zip Code
Hudson OH 44236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oswald Companies (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 16 / 2011

Transaction ID : 34264694

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Mr. Dane O Leavitt

Mailing Address 242 S 200 W

City State Zip Code
Cedar City UT 84720-3375

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 34271552

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Rodney B Leavitt

Mailing Address 1970 Terra Vista Way

City State Zip Code
Las Vegas NV 89117-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 34271553

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Alma Franzoy-Capron

Mailing Address HC 31 Box 200

City
Hatch

State
NM

Zip Code
87937-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leavitt Group Southwest, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 34271554

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Curtis Perata

Mailing Address 2748 Seminole Circle

City
Fairfield

State
CA

Zip Code
94534

FEC ID number of contributing
federal political committee.

C

Name of Employer

James C. Jenkins Insurance Service, In

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2011

Transaction ID : 34271564

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Mr. Kirk Rule

Mailing Address 7217 Via Lomas

City
San Jose

State
CA

Zip Code
95139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Leavitt Pacific Insurance Brokers

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 15 / 2011

Transaction ID : 34271575

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Kirk Rule

Mailing Address 7217 Via Lomas

City State Zip Code
 San Jose CA 95139

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Leavitt Pacific Insurance Brokers

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 30 2011

Transaction ID : 34271576

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark Kenney

Mailing Address 306 South 800 West

City State Zip Code
 Cedar City UT 84720

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Leavitt Group (HQ), The

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 30 2011

Transaction ID : 34271617

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Valine

Mailing Address 3568 Creekwood Dr

City State Zip Code
 Rocklin CA 95677

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Jenkins Insurance Group

Occupation
 Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 30 2011

Transaction ID : 34275588

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

3922.80

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

The Council of Insurance Agents & Brokers Political Action Committee

2500.00

1500.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

The Council of Insurance Agents & Brokers Political Action Committee

011

Category/
Type

1000.00

State: VA District: 05

011

Category/
Type

2500.00

State: PA District: 17

011

Category/
Type

State: District:

6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Kelly Ayotte

Mailing Address PO Box 937

City	State	Zip Code
Manchester	NH	03105

Purpose of Disbursement

011

Candidate Name

Kelly Ayotte

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : 34121995

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City	State	Zip Code
New Castle	DE	19720

Purpose of Disbursement

011

Candidate Name

Sen. Thomas R. Carper

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: DE

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : 34121996

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Crowley for CongressMailing Address 80 F Street NW
Number 804

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement

011

Candidate Name

Joseph Crowley

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : 34121997

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Re-Elect McGovern Committee

Mailing Address P.O. Box 60405

City Worcester	State MA	Zip Code 01606
-------------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

Jim McGovern

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : 34121998

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hudson For Congress

Mailing Address PO Box 5053

City Concord	State NC	Zip Code 28027
-----------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

Mr. Richard Hudson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : 34121999

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Nunnelee For CongressMailing Address 438 East Main St
PO Box 7092

City Tupelo	State MS	Zip Code 38802
----------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

Mr. Patrick Nunnelee

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : 34122000

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Dick LugarMailing Address 1100 West 42nd
Suite 335

City Indianapolis State IN Zip Code 46208

Purpose of Disbursement

011

Candidate Name

Richard G. LugarOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : 34122001

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Heller For Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement

011

Candidate Name

Sen. Dean HellerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : 34122002

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steve Fincher For Congress

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308

Purpose of Disbursement

011

Candidate Name

Mr. Steve FincherOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : 34122003

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Collins For Senator

Mailing Address PO Box 1096

City	State	Zip Code
Bangor	ME	04402

Purpose of Disbursement

011

Candidate Name

Sen. Susan M. Collins

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : 34122004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gardner For Congress 2012

Mailing Address PO Box 2408

City	State	Zip Code
Loveland	CO	80539

Purpose of Disbursement

011

Candidate Name

Rep. Cory Gardner

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2011

Transaction ID : 34122005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Andre Carson For Congress

Mailing Address P.O. Box 1863

City	State	Zip Code
Indianapolis	IN	46206

Purpose of Disbursement

011

Candidate Name

Andre Carson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2011

Transaction ID : 34145557

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jim Jordan For Congress

Mailing Address 1709 State Route 560 South

City	State	Zip Code
Urbana	OH	43078

Purpose of Disbursement

011

Candidate Name

Rep. Jim Jordan

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: OH District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2011

Transaction ID : 34153109

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Perlmutter For CongressMailing Address 3440 Youngfield Street
#264

City	State	Zip Code
Wheat Ridge	CO	80033

Purpose of Disbursement

011

Candidate Name

Rep. Edwin Perlmutter

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2011

Transaction ID : 34153110

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Perlmutter For CongressMailing Address 3440 Youngfield Street
#264

City	State	Zip Code
Wheat Ridge	CO	80033

Purpose of Disbursement

011

Candidate Name

Rep. Edwin Perlmutter

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2011

Transaction ID : 34153113

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Huizenga For Congress

Mailing Address 441 Williams Court

City	State	Zip Code
Zeeland	MI	49464

Purpose of Disbursement

011

Candidate Name

Rep. Bill Huizenga

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2011

Transaction ID : 34153114

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

--

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

--

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

34000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

Full Name (Last, First, Middle Initial)

A. Authorize.Net

Mailing Address 808 East Utah Valley Drive

City	State	Zip Code
American Fork	UT	84003

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2011

Transaction ID : 34284269

Amount of Each Disbursement this Period

47.45

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 100 N. Tryon St.

City	State	Zip Code
Charlotte	NC	28255

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2011

Transaction ID : 34284286

Amount of Each Disbursement this Period

110.56

Full Name (Last, First, Middle Initial)

C. PayPal, Inc.

Mailing Address 4100 Solutions Center, #774100

City	State	Zip Code
Chicago	IL	60677-4001

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

Transaction ID : 34284312

Amount of Each Disbursement this Period

44.81

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

202.82

202.82
